



## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey State Board of Accountancy  
124 Halsey Street, 6th Floor, P.O. Box 45000  
Newark, NJ 07101  
(973) 504-6380



# Firm Registration Application

## Instructions

1. Complete the application form in its entirety. Sign and date the application in the presence of a notary.
2. Attach **two** checks: one for the application fee (nonrefundable) and one for the license fee (see fee schedule below). Both checks must be made payable to the New Jersey State Board of Accountancy.
3. All firms must enclose a copy of the firm's letterhead with this application.
4. All firms must complete the forms regarding Peer Review compliance found at:  
<http://www.njconsumeraffairs.gov/accountancy/PReview.pdf>.
5. If your business is a legal entity such as a corporation, limited partnership, or limited liability company, enclose a copy of your Business Registration Certificate as proof of having registered with the New Jersey Division of Revenue (see <http://www.nj.gov/njbusiness/registration>).

## Fee Schedule\*

Triennial period	License fee	Application fee	Application due date
1 <sup>st</sup> year	\$90.00	\$75.00	June 15 <sup>th</sup>
2 <sup>nd</sup> year	\$60.00	\$75.00	June 15 <sup>th</sup>
3 <sup>rd</sup> year	\$30.00	\$75.00	March 15 <sup>th</sup>

- \* The triennial period lasts for three (3) years, e.g. 7/1/06 - 6/30/09, 7/1/09 - 6/30/12, and so forth. The license fee is prorated, but the application fee is not. The application must be **received** by the Board no later than the application due date, which corresponds to the end of each year in the triennial period.



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### Firm Registration Application

*Per N.J.S.A. 45:2B-54 and 55, an entity seeking to establish itself as a firm engaged in the practice of public accounting as a sole proprietorship, a partnership, a professional service corporation, a limited liability company (L.L.C.), or a limited liability partnership (L.L.P.) shall complete this form. Applicants should make themselves familiar with the statutes and regulations that govern firms. The pertinent statutes and regulations are available at <http://www.njconsumeraffairs.gov/accountancy>.*

#### 1. Firm information

Firm name \_\_\_\_\_

Address of practice \_\_\_\_\_  
Street address City State ZIP code

Mailing address (if different) \_\_\_\_\_  
Street address City State ZIP code

Business telephone \_\_\_\_\_ (include area code) FAX number \_\_\_\_\_ (include area code)

E-mail address \_\_\_\_\_ Web address \_\_\_\_\_

#### 2. Business organization of the firm:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship           | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Professional Corporation      | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Liability Partnership |  |

#### 3. Composition of ownership of firm. Include the total number of each:

_____ C.P.A.	_____ R.M.A.(s) <b>only</b>
_____ Public Accountant(s)	_____ Nonlicensee(s)

#### 4. Composition of firm. Include the total number of each:

_____ C.P.A.	_____ R.M.A.(s) <b>only</b>
_____ Public Accountant(s)	_____ Nonlicensee(s)

#### 5. Resident manager-in-charge of the practice unit:

Name \_\_\_\_\_

Direct line / Ext. \_\_\_\_\_ (include area code) FAX number \_\_\_\_\_ (include area code)

E-mail address \_\_\_\_\_

License number \_\_\_\_\_ State of Issuance \_\_\_\_\_

*If licensed in a state other than New Jersey, submit verification of that license.*

6. Is this an application for a firm that has merged, changed its ownership, or changed its form of organization?

☐ Yes ☐ No (Skip to No. 7)

a. List below the name and license number of the firm(s) that have merged or reorganized to form the new firm.

_____	20C__00_____
_____	20C__00_____
_____	20C__00_____
_____	20C__00_____

(Continue on a separate sheet of paper if necessary.)

b. Do the firm(s) listed above wish to continue an active firm registration?

_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continue on a separate sheet of paper if necessary.)

7. Does the firm issue audited, reviewed or compiled financial statements? ☐ Yes ☐ No (Skip to the end.)

If "Yes," is the firm enrolled in a recognized Peer or Quality Review Program? ☐ Yes ☐ No (Skip to the end.)

If "Yes," has the firm had a peer review conducted and administered by the A.I.C.P.A. (N.J.S.C.P.A.) or another recognized peer review program per N.J.A.C. 13:29-5.3(b) in the past three years? ☐ Yes ☐ No (Skip to the end.)

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I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I shall be subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person attesting to this affidavit

\_\_\_\_\_  
Print name

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

